Employment Security Division Contributions Section

Contributions Section 500 East Third Street Carson City, NV 89713-0030 (775) 684-6300





Statement to Correct

(Please	use a	separate	Calendar Quarter En e form for each quarter Number:	being correcte								
Name	(DBA	a):	can also be made onlir		Employe.	r Self	Service (E	SS) at	t <u>https://uit</u>	ax.nvd	etr.org.	
			owing section to amend									
Employee Social Security No.			Name of Employee Last Name, First Name, Middle Initial		Tips Previously Reported		Correct Amount of Tips		Wages Previously Reported		Correct Amount of Wages	
000	00	0000			Dollars	Cents	Dollars	Cents	Dollars	Cents	Dollars	Cents
Use ad	ditiona	ıl sheets a	as needed.	TOTALS								
_	-	nts Previ	owing section to amend iously Reported on erly Report	l wages <u>previo</u>	Amendo				of Employe <u>Differ</u> onal Amou	ence O	NLY	<u> </u>
TOTAL (Line3) \$				\$								
			e 4) \$									
								\$				
	`	,			NTRIBU'							
Adiust	ment a	t UI Rate	(%) in effec	•			_	\$		\$		
-			te of .05 percent (.0005)									
			t of month the payment is ontributions past due, will	late, interest at also be payable	1 percent (.	01)		\$		_		
taxable	wage	amount (was not filed timely, at 1/see above) for each monts	h from delinque	nt date to			\$		_		
LINIDE	DDAX	MENT			ADJUSTM	<u>IENT</u>		ሱ				
							\$ ¢					
								\$				
3. Plea	se exp	lain the co	orrections/changes reporte	ed above.								
						()					
		Sign	naure	Title		<u>·</u>	Tele	ephone			Date	-



